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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional application under 37 CFR 1.53(b)

Attorney Docket No.: First Named Inventor:

Title:

Express Mail Label No.:

1656-2 STANLEY B. POLLAK

METHODS AND INSTRUMENTS FOR CLOSING LAPAROSCOPIC TROCAR PUNCTURE WOUNDS EV 171218410 US

0/645405 0/645405 08/21/03

ADDRESS TO: Commissioner for Patents APPLICATION ELEMENTS See MPEP chapter 6000 concerning design patent application contents P.O. Box 1450 Alexandria, VA 22313-1450 Fee Transmittal Form (e.g. PTO/SB/17) (submit an original, and a duplicate for fee processing) CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 7. 1. Applicant claims small entity status See 37 CFR 1.27 2. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) 8. Specification [Total Pages 19] (preferred arrangement set forth below, MPEP 1503.01)

- Descriptive Title of the Invention

- Cross References to Related Applications

- Statement Regarding Fed sponsored R&D

- Reference to sequence listing appendix 3. a. □ Computer Readable Form (CRF)
 b. Specification Sequence Listing on
 l. □ CD-ROM or CD-R (2 copies or ii. paper c.

Statements verifying identity of above copies computer program listing appendix

- Background of the Invention

- Brief Summary of the Invention

- Brief Description of the Drawings (if filed) **ACCOMPANYING APPLICATION PARTS** 9. Assignment Papers (cover sheet & document(s)) Detailed Description 37 CFR 3.73(b) Statement ☐ Power of Attorney 10. Claim(s)Abstract of the Disclosure (when there is an assignee) 11. English Translation Document (if applicable) ☑ Drawings(s) (37 CFR 1.152) [Total Sheets 5] 4. Information Disclosure Statement (IDS) PTO-1449 Oath or Declaration [Total Pages 2] 12. Newly executed (original or copy) a. 13. **Preliminary Amendment** b. Copy from a prior application (37 CFR 1.63(d)) Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. ☐ <u>DELETION OF INVENTOR(S)</u>
Signed statement attached deleting a. Certified Copy of Priority Document(s) (If foreign priority is claimed) 15. inventor(s) named in the prior appl., see 37 CFR 1.63(d)(2) and 1.33(b) 16. **□** Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. ☐ Application Data Sheet. See 37 CFR 1.76 17. Other: ...PTO-2038 Form..... 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No. Prior application information: Examiner: Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Mac Correspondence address below Name Galgano & Burke Address 300 Rabro Drive, Suite 35 11788 City Hauppauge State New York Zip Code Country USA Telephone 631-582-6161 631-582-6191 Name (Print/Type) √homas M. Galgano Registration No. (Attorney/Agent) 27,638 Signature Date August 21, 2003

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FEE TRANSMITTAL FOR FY 2003

Rive 01/01/200. Patent fees are subject to annual revision

Applicant claims small entity status.

See 37 CFR1.27

Application Number: Filing Date:
First Named Inventor: Examiner Name: Group Art Unit: Attomey Docket No.: 1656-2

STANLEY B. POLLAK

TOTAL AMOUNT OF PAYMENT (\$) 393.00							
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
□Check ⊠Credit □Money □Other □None Card Order	3. ADDITIONAL FEES						
□ Deposit Account: □ Deposit Account Number: 07-0130	Large Entity Small Entity						
Deposit Account Name: Galgano & Burke	Fee Code		Fee Code		Fee Description		Fee Paid
The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below	1051	130	2051	65	Surcharge - late fili	ng	
☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application except for issue fee	1052	50	2052	25	Surcharge - late pro	ovisional filing fee	
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SUBTOTAL (1) (\$) \$375.00	1402 1403	320 280	2402 2403	160 140	Filing a brief in sup Request for oral he	aring	
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SUBTOTAL (2) (\$) \$18.00 **or number previously paid, if greater;							
For Reissues, see above SUBTOTAL (3) (\$) *Reduced by Basic Filing Fee Paid							
SUBMITTED BY						COMPLETE (if appl	icable)
Name (Print/Type) Thomas Mr. Galgano,	Registration No. 27,638					Telephone: 631-582-6161	
Signature III MA						Date August 21, 2003	
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